

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application No.	10/599,307
	Filing Date	September 25, 2006
	First Named Inventor	Cosgrove
	Group Art Unit	1638
	Examiner Name	Anne R. Kubelik
	Attorney Docket No.	035718/384478
	Confirmation. No.	6746

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above-identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number 00826.

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input checked="" type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)            | <input type="checkbox"/> 10.40(b)(2)      | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(b)(6)      | Please explain below:                    |

### **Certifications**

***Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.***

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

*OR*

B. <input checked="" type="checkbox"/> Inventor or Assignee name	Pioneer Hi-Bred International, Inc.		
Address 7250 N.W. 62 <sup>nd</sup> Avenue, P.O. Box 0552			
City Johnston	State IA	Zip 50131-0552	Country USA
Telephone	515-535-5707	Email docketing@pioneer.com	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Respectfully submitted,

/w. murray spruill/

W. Murray Spruill  
Registration No. 32,943

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